

## **POSITION PAPER**

Nutrition Division, Bureau of Family and Community Health Massachusetts Department of Public Health

# The Introduction of Solid Foods In Infancy

### Introduction

The Nutrition Division, Bureau of Family and Community Health, Massachusetts Department of Public Health offers and supports an array of health and nutrition programs serving persons of all ages throughout the Commonwealth. The WIC Nutrition Program and the Combined Primary Care Programs (CPCP) are two of the programs within the Nutrition Division Bureau, which serve women, infants, children and adolescents who have or are at risk of developing nutrition-related health problems. The programs strive to improve maternal and child health by providing nutrition education and counseling. Primary goals are to help participants establish dietary patterns that promote life-long good nutritional health, provide the tools by which participants apply the nutrition knowledge gained from counseling and education to make dietary changes, and provide participants with a reliable source of nutritious supplemental foods.

## **Problem Statement**

Currently, the American Academy of Pediatrics recommends that solid foods be introduced with a spoon, not it in a bottle, and that the introduction of solid foods be delayed until 4-6 months. Introduction of solids to exclusively breastfed infants should be delayed until approximately 6 months of age. An infant's ability and willingness to accept the texture and flavors of solid foods are rarely developed before 4 months. By 4-6 months of age, however, the infant's digestive system is mature enough to digest solid foods (4). The decision on when to start solid foods for infants should be based on an assessment of the nutritional needs of the infant, and his or her physiological maturity, not on customs, beliefs, or marketing (2). All too often, caregivers of WIC infants introduce solids prior to the recommended 4-6 months age range, often by bottle. Early introduction is attributed to individual previous experiences and beliefs, as well as to recommendations by pediatricians and other clinicians. It is important that parents choose the right time to introduce solid foods – neither too early nor too late (1).

# **Role of the WIC and CPCP Nutrition Division Programs**

- A. The Massachusetts WIC Program promotes good nutrition as essential for the rapid growth and development during an infant's first year. An infant's diet must provide an adequate amount of essential nutrients obtained by consuming appropriate quantities and types of foods, both liquid and solid.
- B. WIC and CPCP nutritionists provide anticipatory guidance on:
  - Solid foods to be delayed until an infant is at least 4 months old or for exclusively breastfed infants, until approximately 6 months, as recommended by the American Academy of Pediatrics.

- Readiness to introduce solid foods should be based on the assessment of the infant's nutritional needs and physiological and developmental maturity.
- Instruction on the introduction of solid foods should promote a gradual introduction by spoon beginning no earlier than 4 months.
- C. WIC and CPCP nutrition staff's role is to provide anticipatory guidance to caregivers, beginning at the infant's birth, about what foods to provide their infants, including how and when to provide these foods during the first year. In addition, nutrition staff's role includes providing information on how important a proper diet is to the health and well-being of the growing and developing infant.
- D. Pediatricians and other clinicians and WIC nutritionists should collaborate and coordinate to give consistent messages and instructions to caregivers regarding the introduction of solid foods.

#### **REFERENCES**

- 1. "Introducing solid foods to infants." Arkansas Children's Hospital [Letter].
- 2. Werk LN, and Alpert JJ. "Solid Feeding Guidelines." *Lancet.* 352 (9140) (Nov. 14, 1998):1569-70,
- 3. Birkbeck J. "Weaning; A Position Statement." *New Zealand Medical Journal* 105 (1992): 221-24
- 4. <u>Pediatric Nutrition Handbook</u>, (4<sup>th</sup> edition). American Academy of Pediatrics, Elk Grove Village, Illinois, 1998.
- 5. Meer PA. "Update on Feeding Babies Solid Food." Review, *Journal of Pediatric Health Care*. 12(3) (May-June, 1998): 152-3.
- 6. Duyff, Roberta Larson, <u>The American Dietetic Association's, Complete Food & Nutrition</u> Guide.. Chronimed Publishing, Minneapolis, MN, 1998.
- 7. "Infant Nutrition Module." MDPH Supplementary Food Program for Women, Infants and Children (WIC), Boston, MA, 2002.
- 8. Sampson HA. "Food allergy." JAMA; 278 (1997): 1888-94 [Pub Med].
- 9. Ferguson DM, Horwood J, Shannon FT. "Early solid feeding and recurrent childhood eczema: a 10 years longitudinal study." *Pediatrics* 86(1990): 541-46 [Pub Med].
- 10. Hendricks KM, Badrudding SH. "Weaning Recommendations: The Scientific Basis." *Nutrition Review* 50 (1992) 125-33 [Pub Med].
- 11. Macknin ML; Medendorp SV; Maier MC. "Infant Sleep And Bedtime Cereal." *American Journal of the Disturbed Child* 143(9) (Sept., 1989):1066-8.
- 12. American Academy of Pediatrics. Policy statement: Breastfeeding and the use of human milk (RE9729). *Pediatrics*100 (1997a):1035-1039.
- 13. American Academy Of Pediatrics. Starting Solid Foods: Guidelines For Parents. [Brochure HE0234] (1997b).